STATE OF NEVADA BOARD OF EXAMINERS FOR LONG-TERM CARE ADMINISTRATORS

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Application for Accreditation of Continuing Education Units By Sponsoring Organization

Program Title:			
Date:	Ti	me:	
Location:			
Number of Contact Hours	s Requested:		
Please Check Intended Au	ndience Below:		
Nursing Home A	dministrator:		
Residential Care	Administrator:		
Both:			
Name of Person Submittin	ng Application:		
	Ph	one:	
City	State	Zip	
E-mail Address:			
CE Committee Use Only			
Program Number:	Reviewers:	Date:	
Approved:	Contact Hours:	Expiration Date:	
Pending:	Required Items:		
Denied:	Reason:		

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- 1. Must be provided by a competent instructor as demonstrated by documentation of his/her educational, professional and teaching experience:
- Must contain current educational material relevant for nursing home and/or residential care facility administrators:
- 3. Must be of professional quality:
- 4. Must be appropriately designed for instructional purposes.

The following Must Accompany All Applications:

<u>X</u>	Instructor's/speaker's resume
<u>X</u>	Detailed time schedule
<u>X</u>	Statement of the educational objectives of the program
<u>X</u>	Certificate of completion

Note: Applications for continuing education accreditation will not be reviewed for accreditation until \underline{all} of the items listed above are received. A processing fee of \$25.00 must be submitted with the completed application for each program.

Within 30 days after the presentation of the program, a list of licensed nursing home and/or residential care facility administrators who attended must be provided to the Board office.

Records must be maintained for three (3) years after the completion of the course or program.